

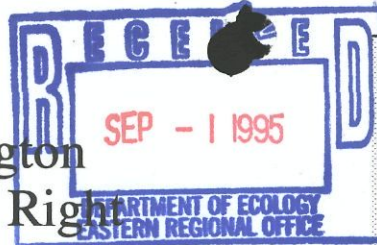


State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

G329878



For Ecology Use

Fee Paid ~~261.75~~ 110.00

Date 9/1/95

CK# 11912

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Crescent Bar, Inc. Home Tel: () -
Mailing Address 8894 Crescent Bar Rd N.W. Suite 1 Work Tel: (509) 787 - 1511
City Quincy State Wa. Zip +4 98848 + 7685 FAX: (509) 787 - 3125

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Gil Stewart Home Tel: () -
Mailing Address 8894 Crescent Bar Rd N.W. Suite 1 Work Tel: (509) 787 - 1511
City Quincy State Wa. Zip +4 98848 + 7685 FAX: (509) 787 - 3125
Relationship to applicant General Manager / Crescent Bar Resort

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (1,200 gpm) (☒ gallons) per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the
purpose(s) of Multiple Continuous Domestic / Public Supply / Irrigation. Attach a "legal"
description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Continuous Multiple Domestic Supply FOR 110 RECREATIONAL SITES AND
Estimate a maximum annual quantity to be used in acre-feet per year: 440 Acre ft / per year

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

SEASONAL IRRIGATION OF 10 ACRES

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>(1 well(s). A Well)</u>
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>14" case 150 ft</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Approximately: 12700 ft. S. & 1315 ft. E. of the Northeast Corner of

Section 18.
Corrections per Gil Stewart ph. call 11/3/95 LK

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE ¼</u> <u>NW</u>	<u>NW ¼</u> <u>S.W.</u>	<u>18</u>	<u>20</u>	<u>23 E.W.</u>	<u>Grant</u>			

For Ecology Use	Date Received: <u>Sept. 1, 1995</u>	Priority Date: <u>Sept. 1, 1995</u>
SEPA: <u>Exempt</u> / Not Exempt	FERC License # _____	Dept. Of Health # _____
Date Accepted As Complete <u>Sept 20, 1995</u>	By <u>LK</u>	Date Returned _____ By _____ WRIA: <u>41</u>

G 329878

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: -No Name-
- B. Briefly describe your proposed water system. (See instructions.)
 IF this water right is permitted all Construction will meet D.O.E, D.O.H. Standards & regulations regarding application specifications, 14" Cased 150' 1,200 gallons per minute for the purpose of domestic water and irrigation of a residential R.V. park.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
 PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
 (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: (110) Type of connection (Recreational)
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
 (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: (10 acres)
- B. List total number of acres for other specified agricultural uses:
 Use (lawns) non-agricultural irrig. Acres _____
 Use _____ Acres _____
 Use _____ Acres _____
- C. Total number of acres to be covered by this application: (10 acres)
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
 Add up the acreage in which you have a controlling interest, including only:
 ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 ‡ Acreage proposed to be irrigated under this application;
 ‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
 - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
 If yes, enter permit no: _____
- E. Farm uses:
 Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking _____

APPLICATION



G-329878

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. From I-90, North to Quincy on the Quincy-George Highway. At Quincy turn left (W.) on Highway 28. Go 7.5 miles to Trinidad, Turn left at Crescent Bar Rd, Follow Crescent Bar Rd to the bottom of the hill, approximately 3 miles.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See attached map

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

Date

I have examined this application as required by SHPA and find that it is: ☐ not an "action".

☒ categorically exempt.9/20/95
MMELoren Tusa
SIGNATURE

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).